

The Extent of the Problem

Sarah Goldberg

sarah.goldberg@nottingham.ac.uk

This presentation is on independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research funding scheme (RP-PG-0407-10147). The views expressed in this presentation are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

“Basic care given to elderly in hospital ‘alarming’.”

BBC – 12 October 2011

60%

The percentage of older people
in hospital with mental health
problems

Aims of the Study

- To describe the current prevalence of mental health problems amongst people aged 70 and over admitted to hospital as an emergency together with their psychiatric symptoms, behaviour and functional abilities.
- To describe the carers of such people and to establish their levels of strain, psychological health, and quality of life.
- To provide information for the development of a specialist medical and mental health unit.

Methods

Population

- Consecutive admissions
- Large general hospital
- Aged ≥ 70

Wards

- Healthcare of the Older Person
- Acute Medical
- Trauma Orthopaedics

Screened for

- Cognition
- Depression
- Other

Baseline Measurements Patients

Demographics

- Age
- Sex
- Residence

Mental Health Problems

- Cognition (MMSE)
- Delirium (Delirium Rating Scale)
- Depression (Cornell Scale for Depression in Dementia)

Functional, Behavioural and Psychiatric Problems

- Barthel Index
- Neuropsychiatric Inventory
- Mini Nutritional Assessment

Baseline Measurements Carers

Demographics

- Age
- Relationship to patient
- Living with Patient

Care Given

- Hours of supervision per day
- Hours of physical care per day
- Other unpaid carers

Carer Health

- Carer Strain Index
- GHQ12
- EQ5D

RESULTS

1004 Screened



643 Screened
Positive



250 Patients
201 Carers



245 Patient
Outcomes

Characteristics of Screened Population

	Trauma	Acute Medical	HCOP	Total n=1004
Cognitive Impairment	33%	30%	61%	43%
Depression	33%	30%	41%	36%
Anxiety	29%	30%	29%	29%
2+ Mental Health Problems	24%	27%	33%	29%

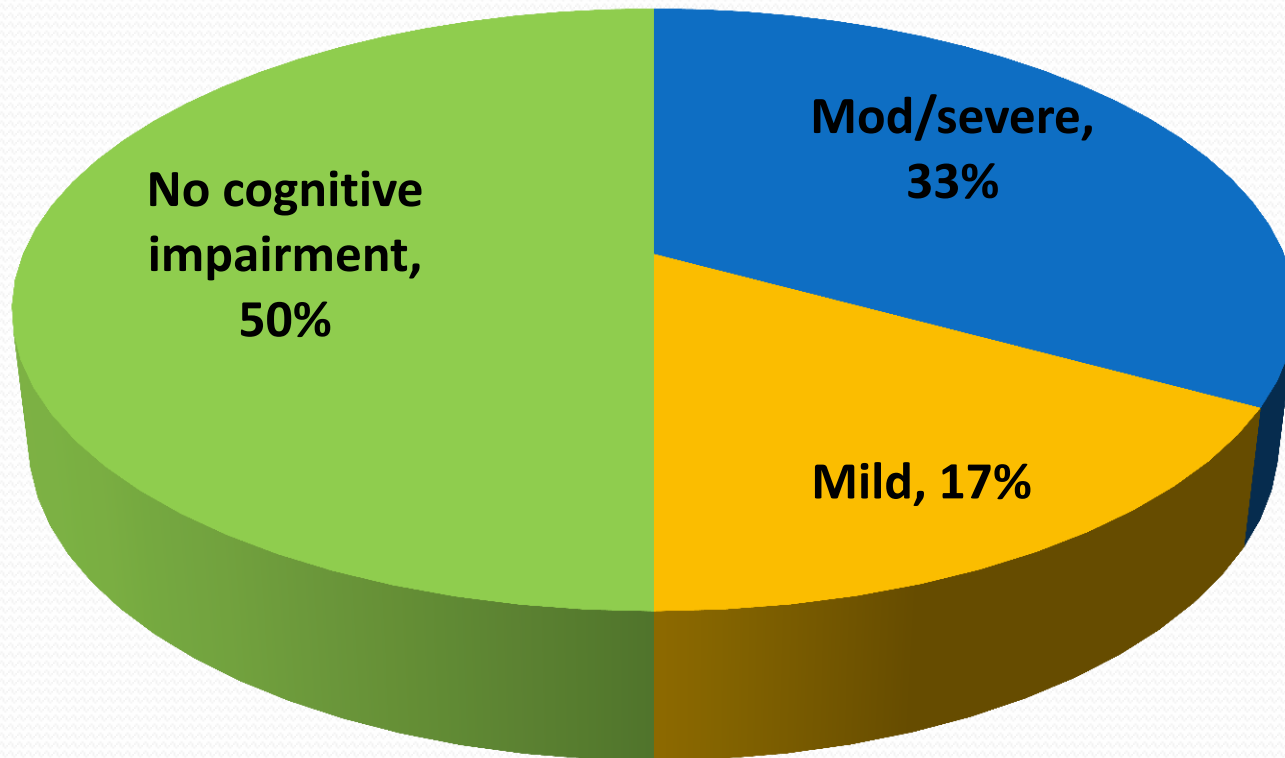
Demographics of Patients

	Cognitively Impaired	Not Cognitively Impaired	Total
Age (IQR)	86 (80-90)	79 (75-84)	84 (79-89)
Residence: Alone	39%	75%	47%
With another	33%	25%	31%
Care Home	27%	0%	21%

Mental Health Problems

Mental Health Problems	Total n=250	Estimated prevalence for over 70
Cognitive Impairment	79%	50%
Depression	52%	32%
Delirium	43%	27%
Diagnosed dementia	43%	27%

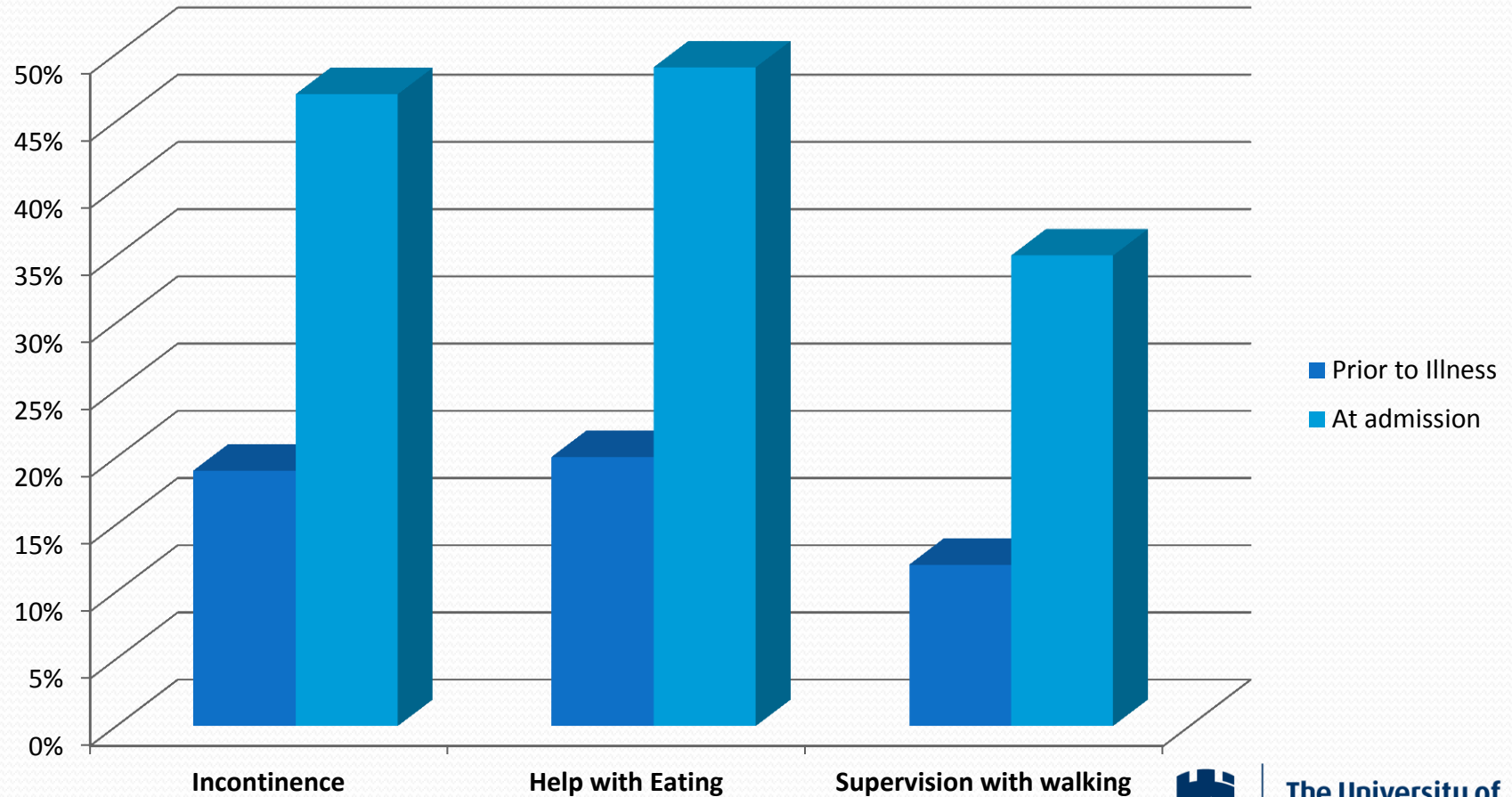
Prevalence of Cognitive Impairment of Over 70's in Hospital



Functional Problems of Patient

	Cognitive Impairment	No Cognitive Impairment	Total n=250
Incontinence	53%	23%	47%
Help with Feeding	58%	13%	49%
Supervised walking	38%	25%	35%
Risk of Malnutrition	85%	63%	80%

Functional Problems of Patient



Behavioural and Psychiatric Problems of Patient

	Cognitive Impairment	No Cognitive Impairment	Total n=250
Delusions	14%	6%	12%
Hallucinations	10%	8%	10%
Agitation/ Aggression	17%	2%	14%
Apathy	38%	15%	33%
Motor Behaviour	21%	4%	17%

28 Bed Healthcare of the Older Person Ward

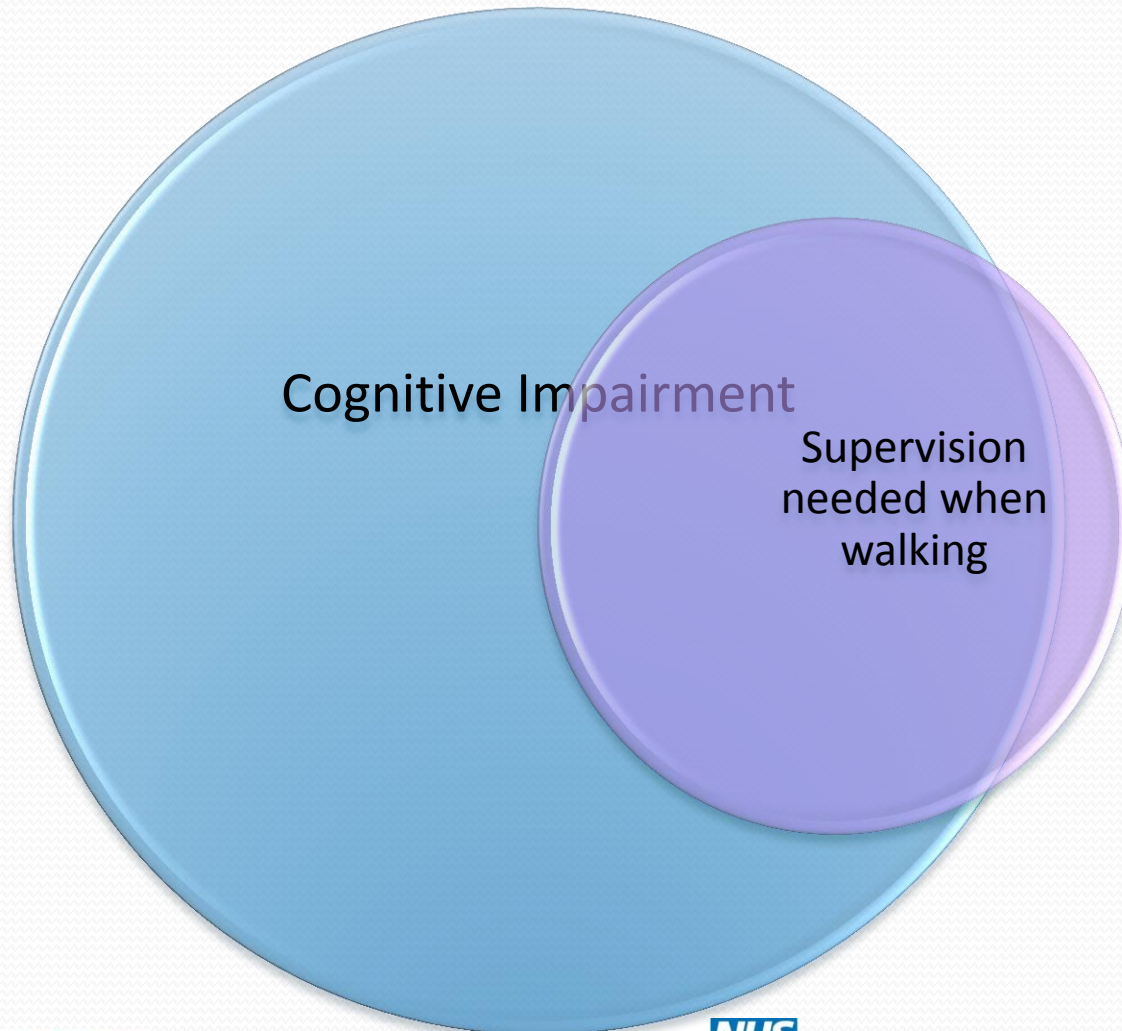
Cognitive Impairment

28 Bed Healthcare of the Older Person Ward

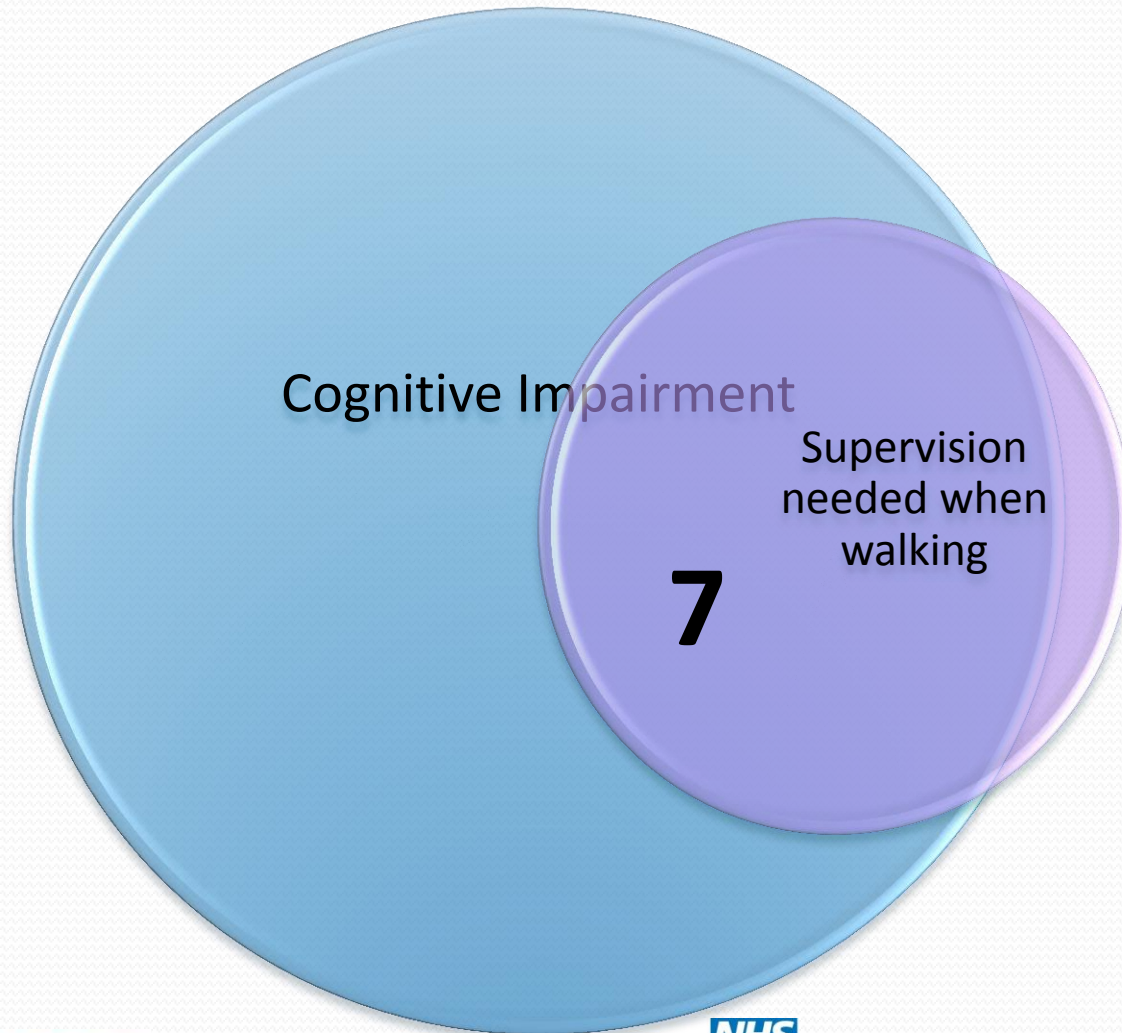
Cognitive Impairment

17

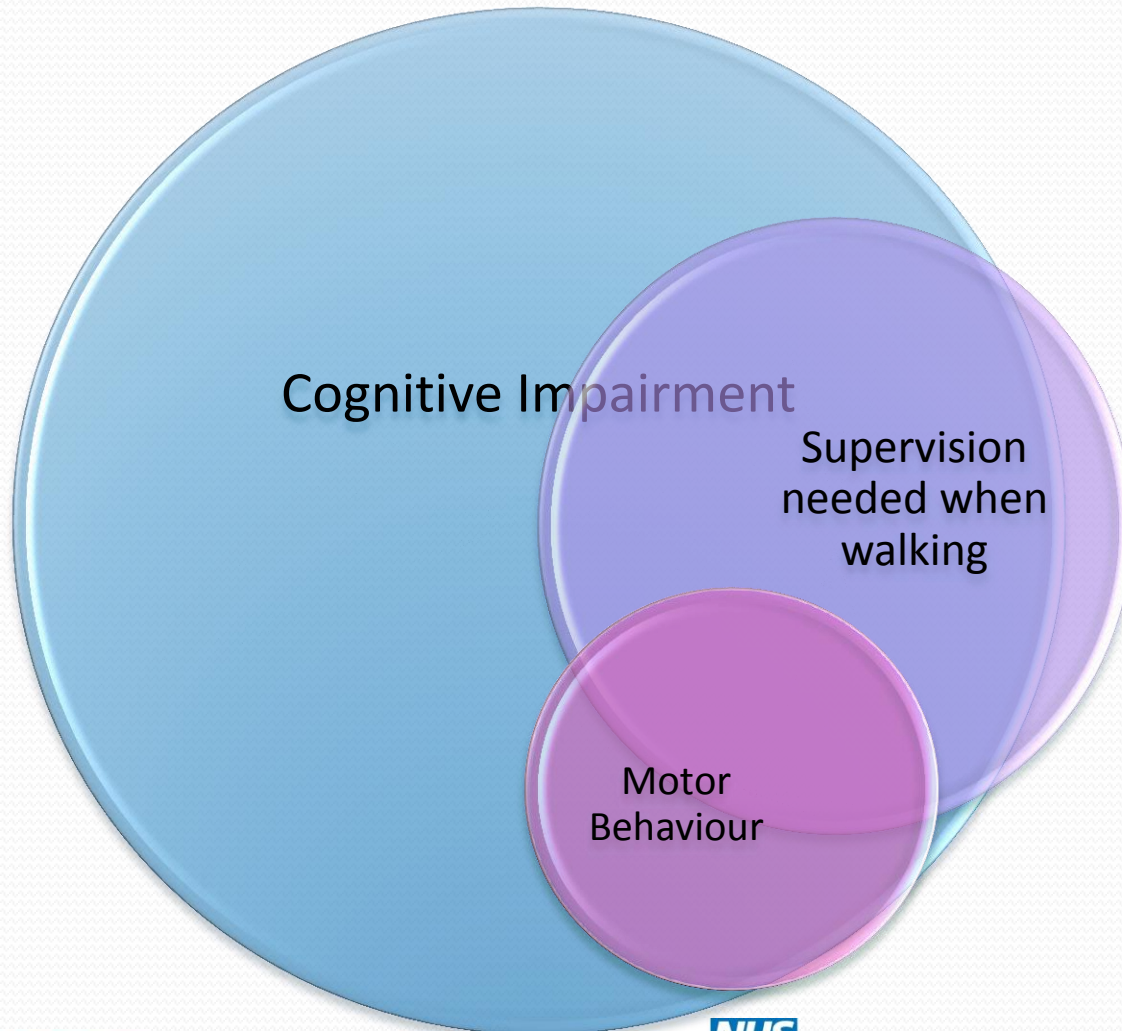
28 Bed Healthcare of the Older Person Ward



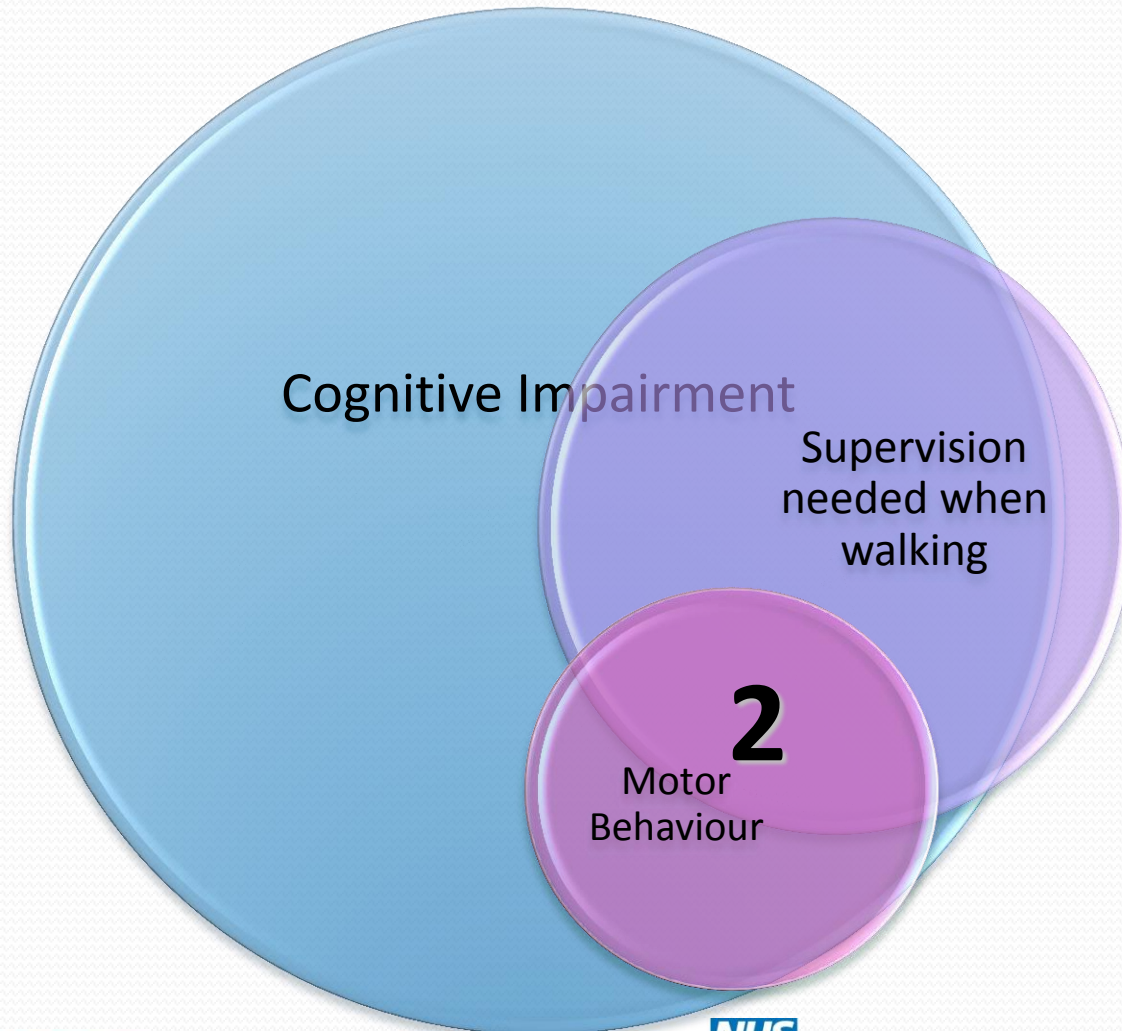
28 Bed Healthcare of the Older Person Ward



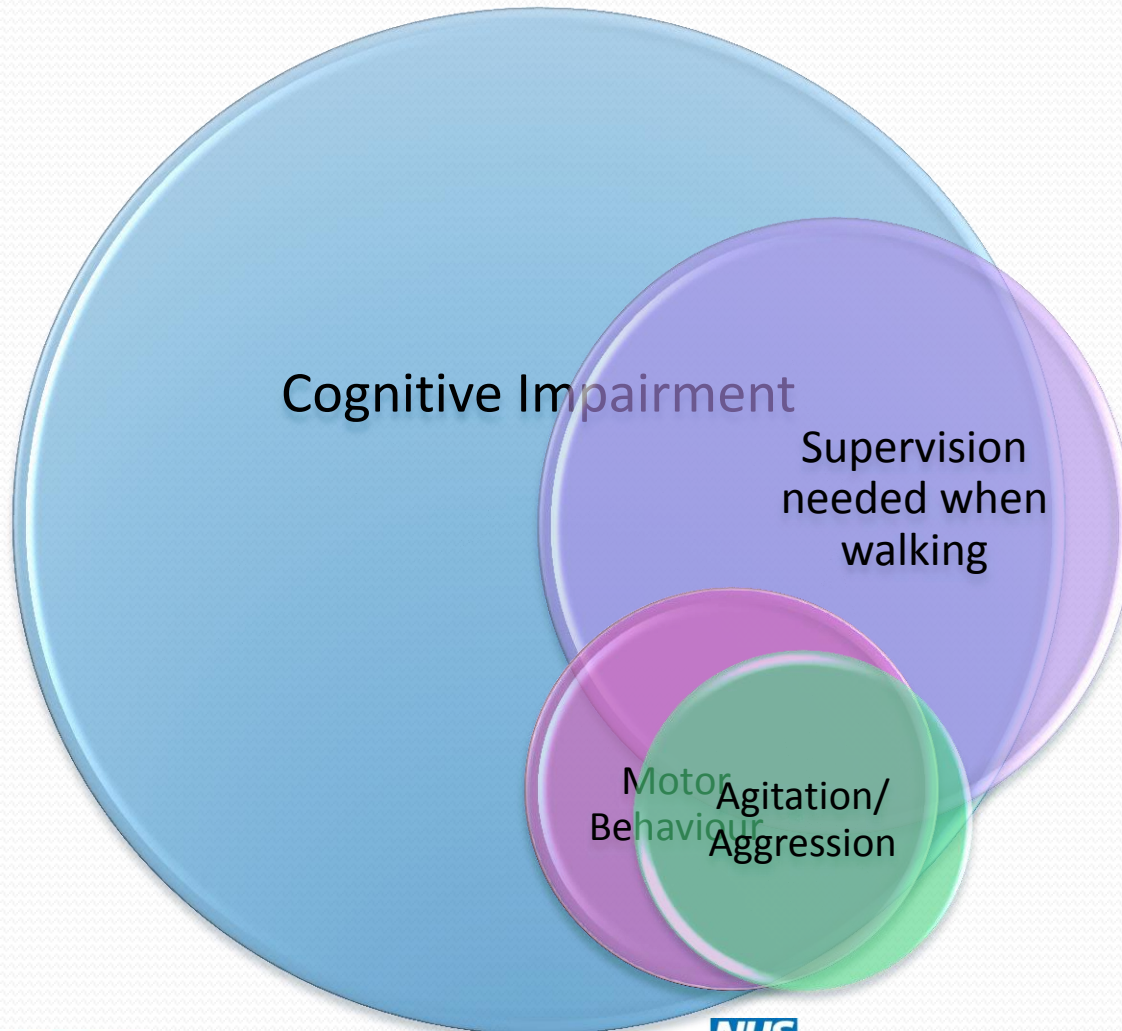
28 Bed Healthcare of the Older Person Ward



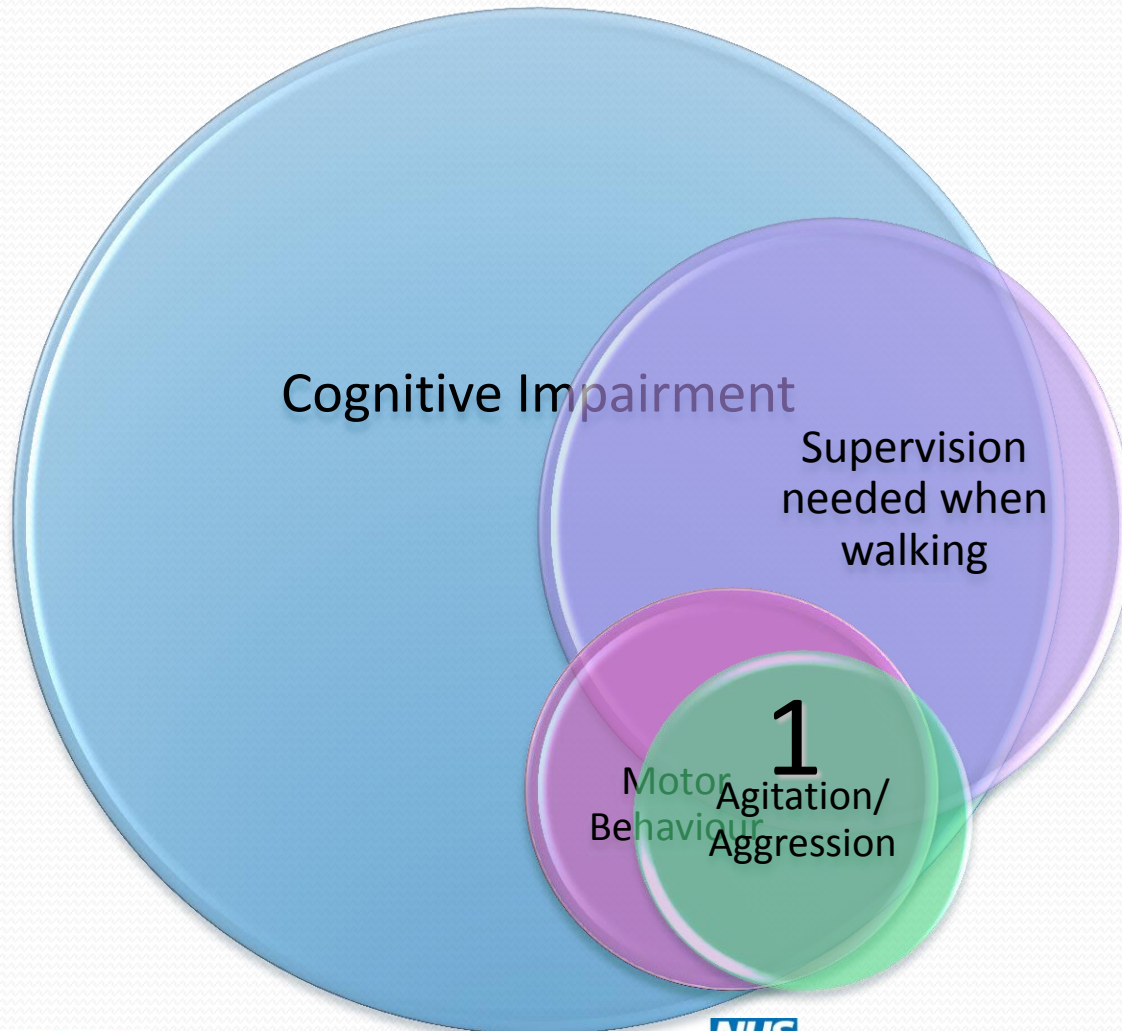
28 Bed Healthcare of the Older Person Ward



28 Bed Healthcare of the Older Person Ward



28 Bed Healthcare of the Older Person Ward

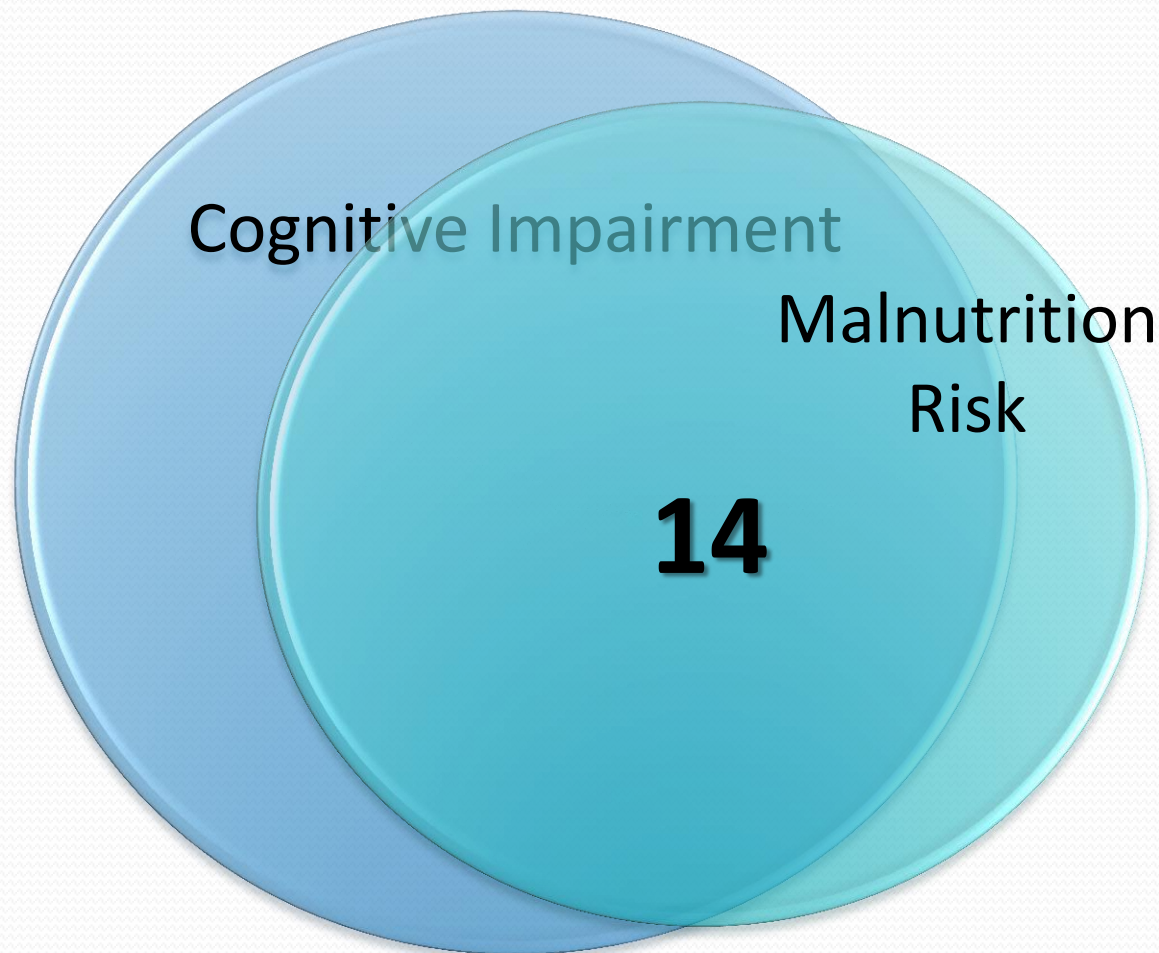


28 Bed Healthcare of the Older Person Ward

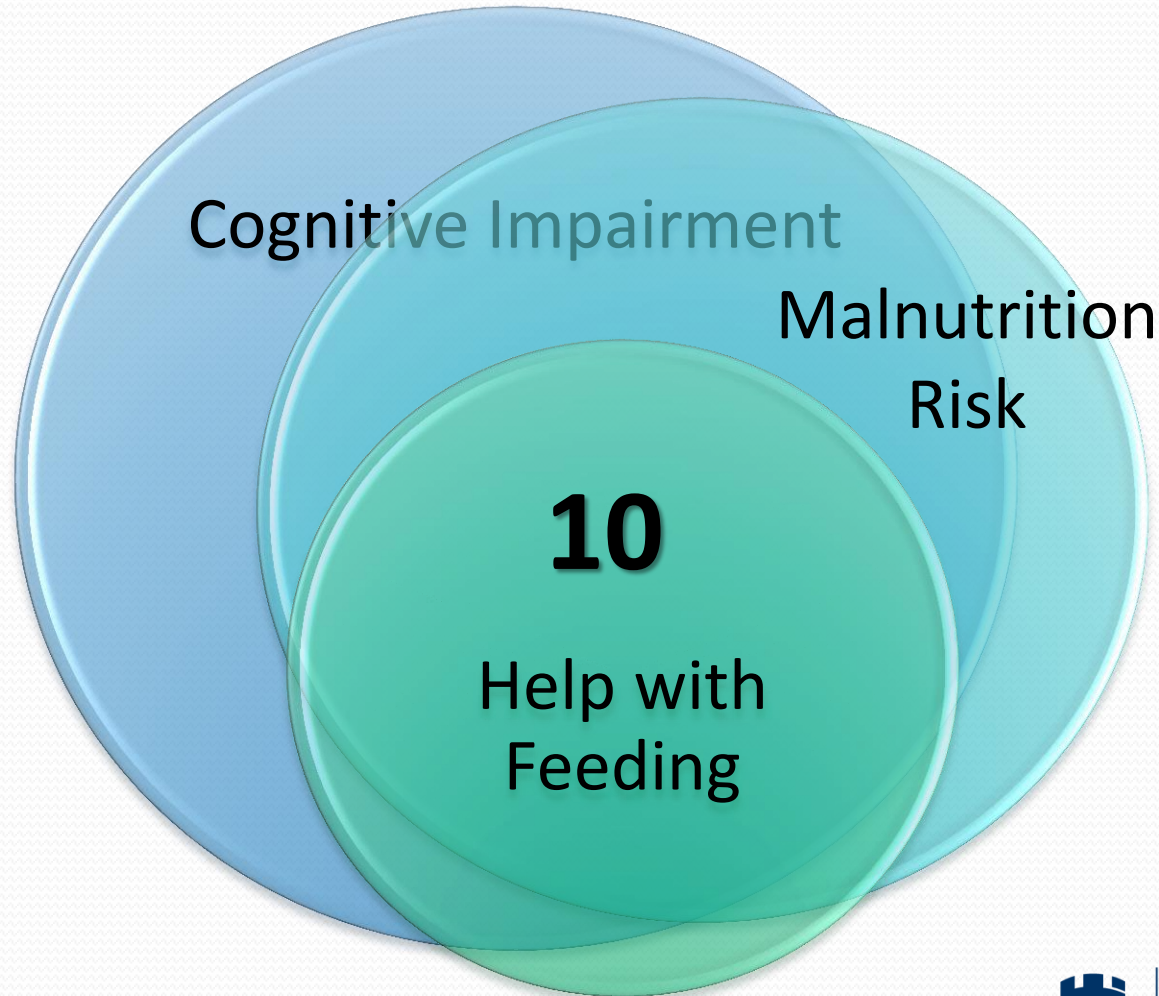
Cognitive Impairment

17

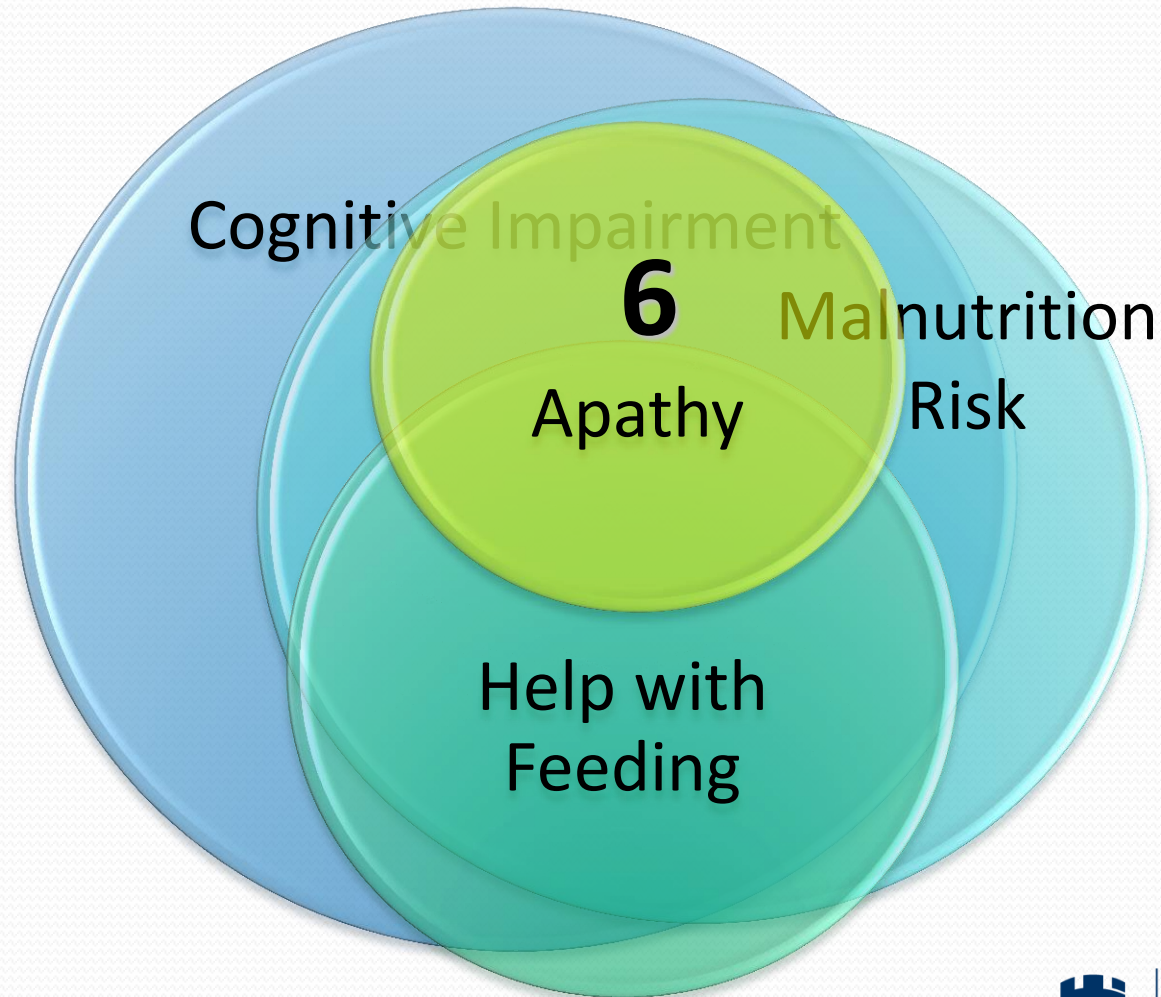
28 Bed Healthcare of the Older Person Ward



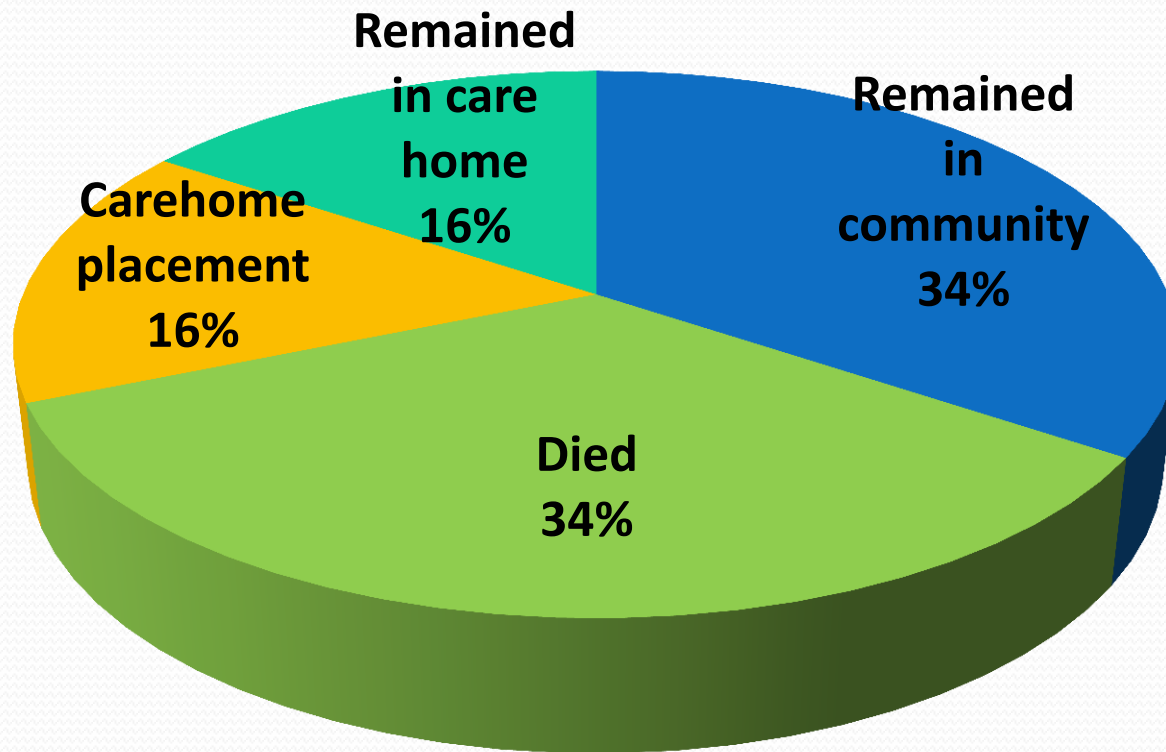
28 Bed Healthcare of the Older Person Ward



28 Bed Healthcare of the Older Person Ward



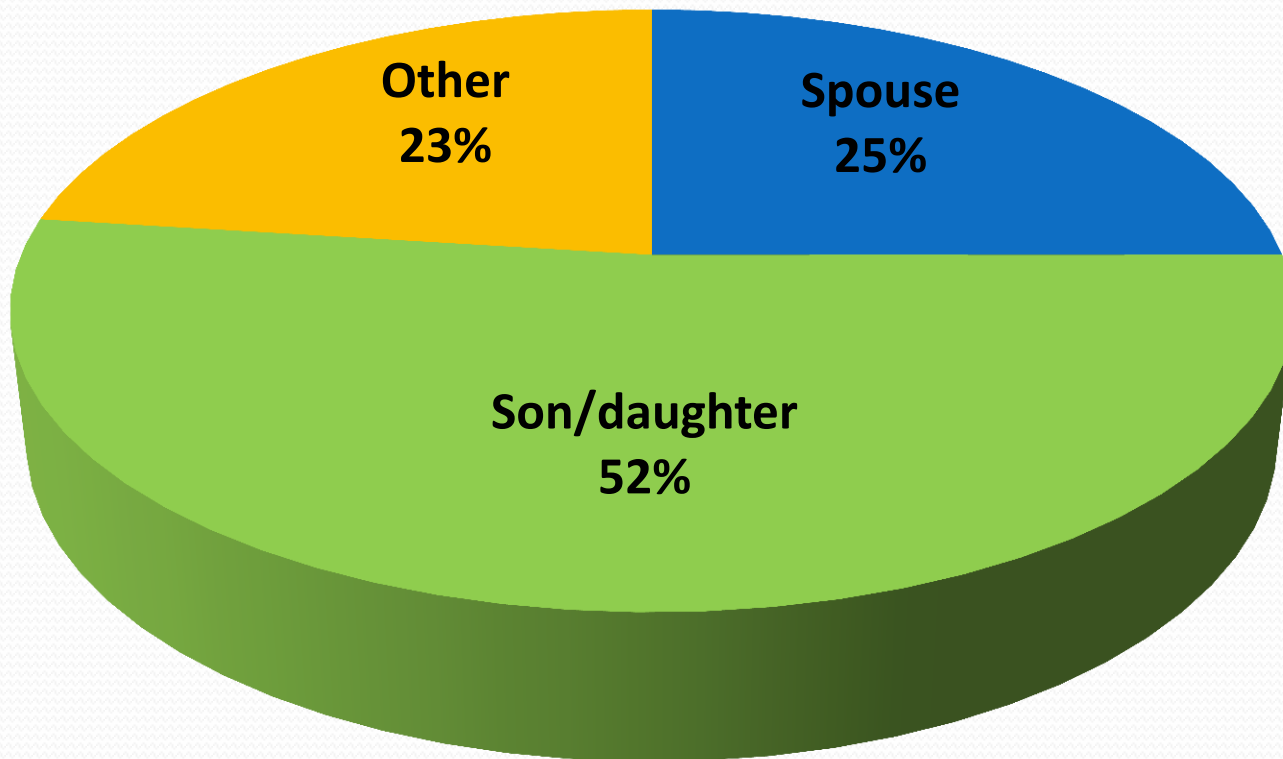
180 Day Outcomes of Cognitively Impaired Patients



The Carers

	Total n=201
Age (IQR)	62 (56-73)
Carers lives with patient	33%
No other unpaid carer	73%
Daily hours of physical care (IQR)	1.75 (0-6.5)
Daily hours of supervision (IQR)	2 (0-15.5)

Relationship of Carer to Patient



Carer Strain Index

	Total n=201
Caring is confining	56%
It is a physical strain	38%
Family adjustments	44%
Change in person is upsetting	67%
Feel overwhelmed	56%

Implications for Clinical Practice

- Mental health problems are common amongst older patients in the general hospital
- The combination of mental health problems with functional, behavioural and psychiatric problems makes the task of care delivery difficult.
- Additional staffing and skills are needed to adequately care for these patients
- Ward staff need to be aware of the needs of carers.

Doing Things Differently

Ward Development

- Acute hospital nursing, therapy and medical management
- Local mental health trust
- Excess treatment costs
- Advice from existing units
- Literature review
- Findings from cohort study
- Multi-disciplinary development group.

Enhanced Staffing

- 3 Mental Health Nurses
- 3 Activity co-ordinators
- 1 Mental Health Occupational Therapist
- 0.5 Physiotherapist
- 0.2 Speech and Language Therapist
- 0.1 Consultant Psychiatrist

Training and Education

- Time-out days
- Ward based training
- Access to further resources

QUEENS MEDICAL CENTRE

TODAY IS THURSDAY

THE DATE IS 8 SEPTEMBER

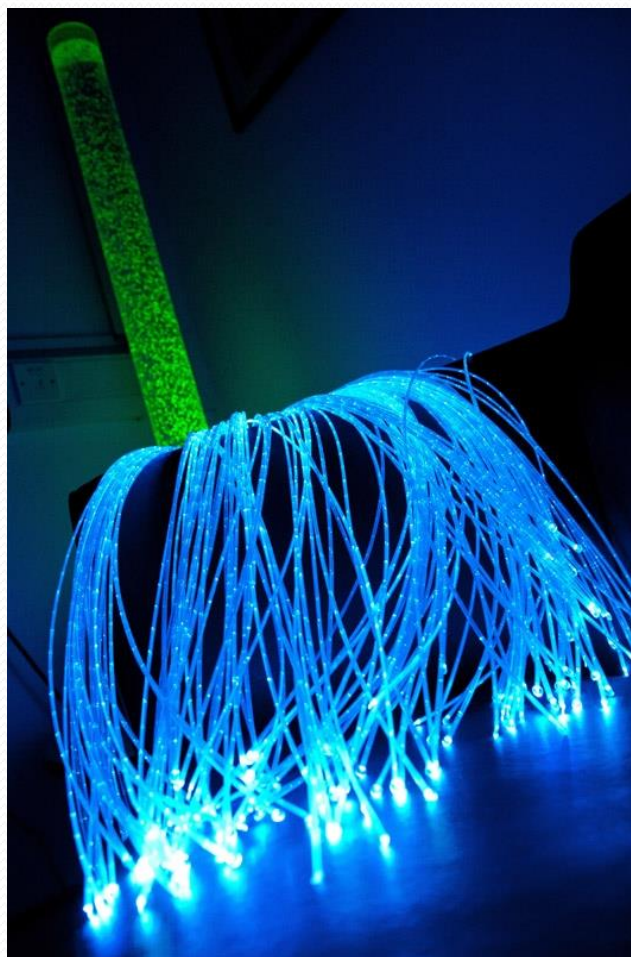
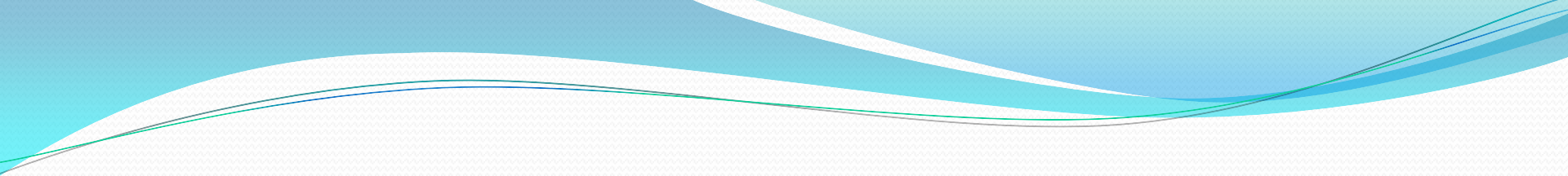
THE YEAR IS 2011

THE SEASON IS AUTUMN

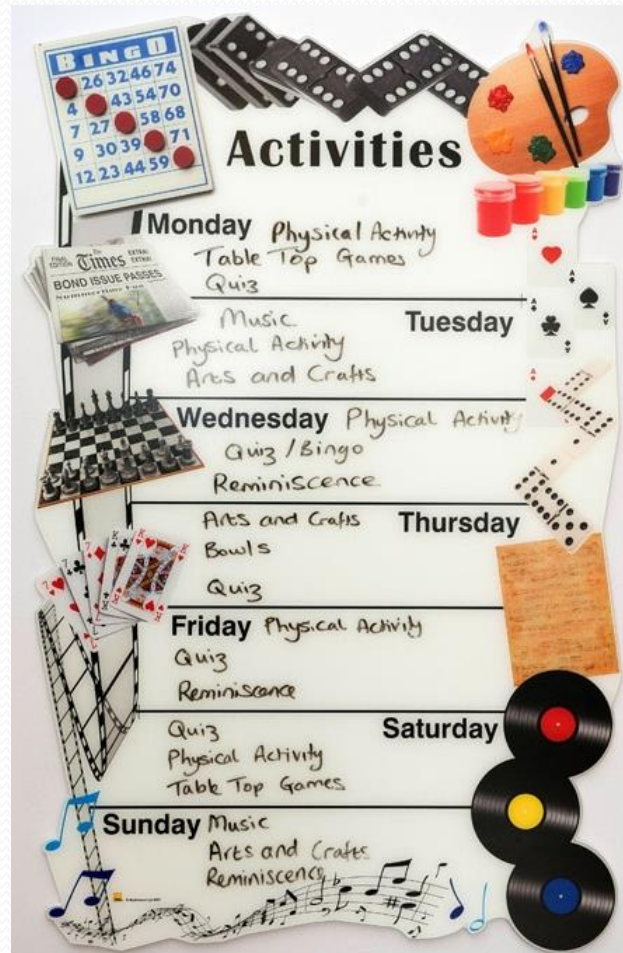
THE WEATHER IS CLOUDY







Daily Activities







Name:
DOB:
Hospital/NHS no.:

Nottingham University Hospitals 
NHS Trust

About Me

There may be important things you can tell ward staff about your relative/friend. Filling in this form will help us understand them as a person, communicate with them better, and help them to feel secure while staying on our ward. Feel free to give as much information as you are able, but the more information we have, the better. It will be kept at the end of their bed.

I like to be called:

Significant people in my life:

Family: Friends:
Spouse: Pets:
Carer:

Life history:

My childhood:
My work:
Holidays:
Significant places:
Personal interests:

Things I like/dislike: (e.g. food and drink, music, hobbies, activities)

About Me. Draft 8. CR 2011.

Name:
DOB:
Hospital/NHS no.:

Important aspects of my daily routine:

Day time:
Night time:

How I respond to stress: (e.g. become quiet, pace around, shout out)

How I respond to pain:

What helps me to relax: (e.g. spend time alone, go for a walk, talk to someone)

About my relative/friend(s)

This form has been completed by:
Relationship:
During my stay in hospital my relative/friend(s) would like to be involved in my care by: (e.g. assisting with meal times, out-of-hours visiting if required)

You can ring my relative/friend(s) when: (e.g. at night, to advise about care)

About Me. Draft 8. CR 2011.

Name:
DOB:
Hospital/NHS no.:

Nottingham University Hospitals 
NHS Trust

Caring Together

This form is for you, the relative/friend of a patient on our ward.

We recognise that we need to work together with the people who know our patients best, to provide the best possible care for them. We also know that hospital admission can be a very stressful and difficult time for those who are carers. Filling in this form will help us understand how best to partner with you to provide the best care possible. Feel free to give as much information as you are able. It will be kept at the end of your relative/friend's bed.

Who is the person who knows your relative/friend the best?

Is this you?

How are you usually involved in caring for your relative/friend?

Are there any legal issues we should know about? (e.g. enduring power of attorney)

How would you like to be involved in your relative/friend's care whilst they are in hospital? (e.g. assisting with meals, helping them to wash and dress, night times)

Would you be happy for hospital staff to call you to provide support if necessary? (e.g. if your relative/friend became distressed, they asked for you)

During the day:

During the night:

Caring Together. B47 Draft 2011.

Please turn over

Nottingham University Hospitals 
NHS Trust

Name:
DOB:
Hospital/NHS no.:

What is the best way to consult you about decisions regarding your relative/friend's care?

We have memory boxes above patient beds, so that bed areas look familiar to our patients, and to prompt conversation. Would you be able to bring in some personal items (e.g. photographs or mementos) for your relative/friend's memory box?

Would you be happy to bring in some day clothes for your relative/friend (labelled with their name)?

Would you be interested in accessing carers support whilst your relative/friend is in hospital? (e.g. Alzheimer's Society support)

Is there anything else you would like us to know?

Please do complete the 'About Me' form, which provides us with more information about your relative/friend. For free, confidential advice on the support available to you as a carer, including information about Carer's Assessment, contact Carers Direct on 0808 802 0202 or online at www.nhs.uk/carers

This form has been completed by:

Relationship to patient:

Caring Together. B47 Draft 2011.

Reality check

- Distress
- Night shifts
- Falls
- Staffing
- Case mix

Does it work?

- NIHR TEAM trial results mid 2012
- Winner of an NHS Institute for Innovation Health and Social care award.
- Positive feedback from family
- Lillian Greenwood (MP Nottingham South) – NHS back bench debate NHS care of older people
<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/chan215.pdf>

Conclusion

There are no quick fixes...

...but something can be done

References

- Goldberg et al (2011) The prevalence of mental health problems amongst older adults admitted as an emergency to a general hospital. *Age Ageing*:
<http://dx.doi.org/10.1093/ageing/afr106>
- Development of a specialist medical and mental health unit
<http://www.nottingham.ac.uk/mcop/documents/papers/mcop-issn2044-4230-issue5.pdf>
- Harwood et al. (2011) Evaluation of a Medical and Mental Health Unit compared with standard care for older people whose emergency admission to an acute general hospital is complicated by concurrent 'confusion': a controlled clinical trial. *Trials*.12:123

Thank you

- The patients and carers who took part in this study
- The clinical team who developed MMHU: Rowan Harwood, Nikki King, Gerry Edwards, Simon Hammond, Louise Howe.
- The research team